Legal Notices

Chubb reserves the right to change, amend, or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Summary Plan Description under the Chubb Employee Medical and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA), requires the following coverage under the Medical Benefit Option under the Chubb Employee Medical and Welfare Benefits Plan:

- Eligible employees/dependents will not be restricted to hospital stays of less than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section. (Federal law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than the 48 hours or 96 hours, as applicable.)
- Benefits for inpatient hospital stays related to childbirth will not be denied solely on the fact that pre-certification was not obtained.
- The Plan is prohibited (under Federal law) from requiring that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of 48/96 hours. If the hospital stay exceeds the 48/96 hours as indicated above, carrier authorization will be required.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires coverage for the following services under the Medical Benefit Option under the Chubb Employee Medical and Welfare Benefits Plan.

In the case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and,
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan. The annual deductibles and coinsurance are listed on the Compare the Medical Plans page in this guide. If you would like more information on WHCRA benefits, contact the Chubb Benefits Marketplace Call Center at 1-844-58Chubb (1-844-582-4822).

SPECIAL ENROLLMENT RIGHTS

If you declined enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your coverage ends or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Chubb Benefits Marketplace Call Center at 1-844-58Chubb (1-844-582-4822).

If you decline enrollment for yourself or your dependents (including your spouse) because of Medicaid coverage or coverage under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your coverage or your dependents' coverage ends under Medicaid or a state children's health insurance program.

In addition, if you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes your privacy rights under HIPAA as they relate to the Group Health Plan. If you have questions or concerns about benefits provided through Chubb Healthcare's benefits program, please contact your HR contact to resolve those issues.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is intended to comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") set forth by the U.S. Department of Health and Human Services ("HHS") pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). The Medical Benefit Option and Dental Benefit Option under the Chubb Employee Medical and Welfare Benefits Plan (excluding HMOs) (collectively known as the "Plan") to which the HIPAA regulations apply, are required by law to take reasonable steps to ensure the privacy of you/your ("individual participants in the Plan") individual health information ("Protected Health Information").

Although in many cases your Protected Health Information related to the Plan is created or maintained by others, such as the health insurance company providing benefits under the Plan, we are required to provide you with this notice and abide by the terms of the current notice. The effective date of this notice is September 23, 2013. The Plan is required to use or disclose the minimum amount of information required to reasonably provide necessary services.

The Plan reserves the right to change this notice at any time and to make the changes apply to all health information about you maintained by the Plan before and after the effective date of the new notice. The new notice will be provided to all participants covered by the Plan at that time and will be posted on Chubb's enrollment website.

Understanding Your Protected Health Information

The Plan provides health benefits to you as described in your summary plan description(s). The Plan receives and maintains health information about you in the course of providing these health benefits to you.

The term "Protected Health Information" (PHI) includes all "Individually Identifiable Health Information" transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

The term "Individually Identifiable Health Information" means information that:

- is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse;
- relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of healthcare to an individual; and
- identifies the individual, or the information can be used to determine the identity of the individual.

Understanding what PHI is and how it is used will help you make more informed decisions if you are asked to sign an authorization to disclose your PHI to others, as required by the HIPAA regulations.

Health information held by the Company in your employment records is not PHI: The privacy policy and practices described in this Notice do not apply to health information that the Company or a Company-sponsored employee benefit plan holds in your employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers' compensation claims, medical leave requests, return to work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to Protected Health Information from the group health plans.

Your Health Information Privacy Rights

Although your medical record is the property of the Plan, the information is about you, and you have legal rights regarding your Protected Health Information, which are described below. In many cases, your Protected Health Information is created or maintained by third parties, known as the Plan's Business Associates, and you may be asked to contact them directly regarding the exercise of your rights. To exercise any of these rights, the corresponding request form must be completed, signed and submitted to:

Ashwyn Diljohn
Privacy Officer
436 Walnut Street
Philadelphia, PA 19106

Requests that do not follow these guidelines may be denied. Your legal rights include a:

- Right to Access. With some exceptions, you have the right to review and copy your health information. If we keep your records in an electronic format, you may request an electronic copy of your health information if it is in a form and format readily producible by us. You may also request that a copy of your information be sent to another entity or person, so long as that request is clear, conspicuous and specific. We may charge a fee for the cost of labor for copying the requested information, mailing, or other supplies associated with your request.
- Right to Amend. You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep this information.
- Right to an Accounting of Disclosures. You have the right to obtain a listing of those to whom we disclosed your health information. This right applies to disclosures other than those made for treatment, payment, healthcare operations, and those you specifically authorized. You can request an accounting for up to six years prior to the date of the request. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period.
- Right to Request Restrictions. You have the right to request restrictions on the use or disclosing of your health information. We will use our best efforts to comply with all approved requests. We will provide you with a written explanation for denied requests or when we revoke a previously agreed to restriction. You have the right to restrict disclosure related to treatment that has been paid in full. Additionally, we will honor a request not to share your personal information with another health plan for payment or other operations purposes if such information solely pertains to a health care service that you have fully paid for out of pocket and we are not legally required to do otherwise.
- Right to Request Confidential Communications. You have the right to specify that communication with you be conducted in a particular manner or be directed to a certain location. We will attempt to accommodate all reasonable requests.
- Right to a Paper Copy of this Notice. You may request a paper copy of this Notice at any time.
- Right to Require Written Authorization. Any uses or disclosures of your health information, other than the permitted uses and disclosures described in the following page, will be made only with your advance written authorization, which you may grant or revoke at any time.

Use and Disclosure of Your Health Information

Permitted uses and disclosures of PHI: Treatment, payment and healthcare operations, by the Plan, its Business Associates, and their agents/subcontractors, to carry out treatment, payment and healthcare operations:

- Treatment is the provision, coordination or management of healthcare and related services by one or more healthcare providers. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so the orthodontist may ask for your dental X-rays from the treating dentist.
- Payment means activities undertaken by the Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan, or to obtain or provide reimbursement for the provision of the healthcare. Payment includes, but is not limited to, actions to make eligibility or coverage determinations, billing, claims management, collection activities, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorization. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill might be paid by the Plan. The Plan may also disclose PHI to a close friend or family member involved in or who helps pay for your healthcare.
- Healthcare operations means conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing healthcare costs, contacting healthcare providers and patients with information about treatment alternatives, reviewing the competence or qualifications of healthcare professionals, evaluating health plan performance, underwriting, premium rating and other insurance activities relating to creating, renewing or replacing health insurance contracts or health benefits. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse detection and compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

Individual Participant Communication. The Plan may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law. The Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose medical information about you as authorized and to the extent necessary to comply with workers' compensation or other similar laws.

To Business Associates. The Plan may disclose medical information about you to the Plan's business associate. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of medical information about you. An example of one of our business associates is the health insurance company providing benefits under the Plan, who assists the Plan in plan administration activities.

To Plan Sponsor. The Plan may disclose to Chubb (the "Plan Sponsor"), in summary form, claims history and other similar information. The Plan Sponsor may use health information for underwriting purposes, but may not use genetic information for underwriting purposes. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or de-enrolled from the Plan.

The Plan may disclose medical information about you to the Plan Sponsor for Plan administration functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of medical information about you. The Plan Sponsor must also agree not to use or disclose medical information about you for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

Use and Disclosure of Your Health Information

Your PHI may also be used and disclosed as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To your personal representatives appointed by you or designated by applicable law.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the healthcare system or government programs.
- For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
- To public health authorities for public health purposes.
- We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care.

Please note that we may limit the amount of information we share about you for these purposes in accordance with state laws to the extent such laws further restrict the use or disclosure of Protected Health Information.

Other Disclosures

Except as described above, the Plan cannot use or share your Protected Health Information without your written permission. For example we will not use or share your Protected Health Information for marketing purposes without obtaining your authorization. If we have records for you that include psychotherapy notes, we will not disclose those notes without your permission. We never sell your Protected Health Information unless you have authorized us to do so. You may withdraw that permission in writing at any time and we will no longer use or share that Protected Health Information.

We will not use or disclose your genetic information for underwriting purposes.

Filing a Complaint

If you believe that your privacy rights with respect to the Plan have been violated, you have the right to complain to the Plan. Any complaint can be made in writing or by telephone to the individual shown below under "Contact Information". You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

In all cases, your complaint must be submitted within 180 days of when you believe the violation occurred.

Notice of Breaches

In the event the Plan's privacy obligations regarding your health information are not met and your health information is improperly used or disclosed, you will be notified of the breach of the privacy requirements. Notice will be provided on behalf of the Plan or by a business associate of the Plan. Notice will be provided promptly where prompt notice will assist you with any damage that might be caused by the breach.

Contact Information

If you have questions regarding this Notice or the subjects addressed in it, you may contact the Group Health Plan Privacy Contact at 215-640-2694 or in writing to:

Ashwyn Diljohn
Privacy Officer
436 Walnut Street
Philadelphia, PA 19106

IMPORTANT NOTICE FROM CHUBB ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chubb and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Chubb has determined that the prescription drug coverage offered by the Medical Benefit Option under the Chubb Employee Medical and Welfare Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Chubb coverage may be affected.

When you become eligible for the Medicare part D Benefit you have the option to:

- Keep your health and prescription coverage through Chubb and do not enroll in a Medicare prescription drug plan, OR
- Drop your health and prescription coverage through Chubb and enroll in a Medicare prescription drug plan, in which case you will have no health coverage through Chubb, only prescription drug coverage through the Medicare plan, OR
- Keep your health and prescription coverage through Chubb and enroll in a Medicare prescription drug plan, in which case you will have duplicate prescription drug coverage.

The Chubb Healthcare plan coverage pays for other health expenses in addition to prescription drugs, and you will be eligible to receive all of your current health and prescription drug benefits if you choose to keep the Chubb coverage and enroll in a Medicare prescription drug plan as well.

If you do decide to join a Medicare drug plan and drop your current Chubb coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Chubb and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage ...

Contact the person listed below for further information or call the Chubb Benefits Marketplace Call Center at 1-844-58Chubb (1-844-582-4822). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Chubb changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare and You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage...

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare and You" handbook for their telephone number) for personalized help
- Call 1.800.MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 15, 2016
Name of Entity/Sender:	Chubb
Contact – Position/Office:	Ashwyn Diljohn, Privacy Officer
Address:	436 Walnut Street Philadelphia, PA 19106
Phone Number:	215-640-2694

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565